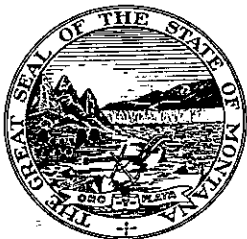


DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



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TO: Sylvia Danforth, Executive Director
Diana Ochsner, Board Chairperson
Developmental Educational Assistance Program

FROM: Kathleen Kaiser
Quality Improvement Specialist

DATE: February 25, 2008

SUBJECT: Quality Assurance Review

The annual Quality Assurance Review was conducted starting the week of October 8th, 2007 and continuing through the month of January 2008. The results of this review are attached. The review went well and all staff were very helpful during the review process. I appreciate DEAP's rapid and thorough response to any concerns noted during the review.

Attachment

Cc: Dain Christianson, DDP Regional Manager
Tim Plaska, Community Services Bureau Chief
Perry Jones, Waiver Coordinator
John Zeeck, Quality Assurance Specialist
Erica Peterson, Child and Family Specialist

Scope of Review:
DEAP 2007 & 2008

The Developmental Disabilities Program (DDP) funded services provided by Developmental Educational Assistance Program (DEAP) were reviewed on an on-going basis during the year and as part of this Quality Assurance Review. An on-site quality assurance review of DEAP was conducted during the week of October 8th, 2007 with home visits scheduled through the months of October, November, December and January. The review was conducted by Kathleen Kaiser, Quality Improvement Specialist, of Miles City. Included in this report are the results of on-site visits to all program sites, a review of Individualized Family Service Plans, Individual Planning paperwork, program data, staff questionnaire surveys, orientation training, and a review of DEAP's Policy and Procedure Manuals.

General Areas

A. Administrative

Significant Events from the Agency

- DEAP has fully implemented a new Incident Management System and is having bi-weekly Incident Management meetings.
- Participated in several health fairs throughout DEAP's service area for public awareness.
- For public awareness, DEAP has had multiple letters and articles featuring families and DEAP services published in the newspapers, and 2 national magazines including Exceptional Parent and Autism Spectrum.
- DEAP is providing their staff with the opportunity to have a "Shape Up Montana Team" in conjunction with the Big Sky State Games, as a way of encouraging healthy life style changes.
- Received one of four Alzheimer Demonstration Grants from DPHHS Senior and Long-Term Care Division to provide respite to individuals over 60 years of age in Custer, Prairie and Rosebud counties. DEAP then received an additional \$15,000 for the Alzheimer's Grant to fund respite care.
- Expanded WIC funding by becoming the lead agency for Rosebud, Big Horn and Treasure counties.
- Received** additional funding for 2 new Part C children, making the contract number 61.
- Expanded IFES service for 3 new individuals through Region 1 screening process.
- Received a \$5000 donation from St. Vincent de Paul, plus \$1400 for specific items to meet the needs of individual families.
- Received a grant for \$6568 to provide education to the community and ABA intervention for 7 children with autism.
- There are several contract changes which include entering into a pilot project for IFES services under the Rates Equalization Project.
- Was awarded a contract to continue Evaluation and Diagnosis services in Region 1 after RFP process, but chose not to continue E & D services in Region III thus decreasing the amount of money and number of individuals. DEAP will seek additional opportunities for funding as necessary to continue to meet the needs of these services with long waiting lists.
- DEAP was awarded contracts to continue Part C/FES, PASSRR services after RFP process.
- Awarded contract to provide Farmer's Market Nutrition Services.

Policies and Administrative (DDP) Directives

-DEAP Policies and Procedures were reviewed; they have updated four policies. The updated policies are:

Staff training and Development Policy, DEAP Vehicles Policy, Policy on Abuse and Neglect, and DEAP Personnel Policies Leave Policies. All of the Policies and Procedures were reviewed and found to be in compliance with DDP requirements and directives.

-Commendations, (QAOS sheet 1); Sylvia Danforth the Executive Director of DEAP, is an active member of the community; this is evident by her participation with several local organizations as well as state organizations. She travels throughout the state to participating in a wide variety of meetings, and she sits on several Boards as a representative for DEAP. Sylvia's focus is on continually improving the quality of DEAP service provision. Sylvia is a great asset to DEAP, as well as the Miles City community.

-Commendations, (QAOS sheet 2); Throughout the last 4 months I have met with a significant number of consumers and their family members. Without exception everyone interviewed had nothing but positive statements about the services they receive from DEAP. Several families stated that "if someone from DEAP had not arrived in their life shortly after their child was diagnosed with a disability and helped them understand and locate the services that they needed, they do not know how they would have survived and they would not be where they are today." They are very grateful to have the DEAP organization and their Staff in their homes and in their lives. This support created a very positive working relationship between DEAP and all of the families and consumers.

-Commendation, (QAOS sheet 3) At least two case files were reviewed for all DEAP FES Staff and home visits were completed with each staff. A wide variety of consumers and their families over a very large geographic area were surveyed. The vast knowledge of the DEAP Staff of the services throughout the communities and the ability to coordinate services with other community agencies to meet needs are strengths of the DEAP organization. these strengths benefit all of DEAP's consumers.

-Criminal background checks were reviewed for a sample of five recently hired staff, and all five were found to have completed criminal background checks on file.

Licensing

-The Sky Reach Youth Home operated by DEAP was licensed by the Quality Assurance Specialist in December 2007 with no deficiencies found.

Agency Internal Communication Systems

-DEAP is a large corporation with satellite offices and programs in different communities over a large geographic area. Staff meetings are held on a bi-monthly basis with all of the staff from the outlying areas attending. There is also a monthly meeting with all of the Family Support Specialists (FSS) and their Supervisors where each consumer's case is reviewed and training issues are covered. During the March 2007 meeting training on IFSP implementation timelines and when to use interim IFSP's was covered. A wide variety of training issues are covered during these meetings. Meeting notes and attendance records are kept. DEAP does a very good job of maintaining internal communications over a wide geographic area with the use of these regular staff meetings.

Fiscal

-DDP received DEAP's Audited Financial Statements and Supplementary Information for July 1, 2006 to June 30, 2007. The statement was dated October 25, 2007 and the auditor's summary states that there are nine recommendations. DEAP responded to all nine recommendations and has complied with all of the recommendations.

Appendix I

-There were no new Appendix I tasks mutually negotiated between QIS and DEAP on which to report.

Specific Services Reviewed

A. Residential

For the QA review two of the consumers from the Group Home were randomly selected and a file review was completed, along with a home visit. For the Supported Living program five files were reviewed and three home visits were made.

Accomplishments

-Something to look forward to in May of 2008; Sky Reach Youth Home will celebrate the High School graduation of two of the home's residents. This is quite an accomplishment for these two individuals and everyone is very proud of them. This will be a very special day for both residents as they will be moving into the "adult world".

Programmatic Deficiencies

-No significant programmatic deficiencies were identified.

Corrections to Deficiencies

-No correction to deficiencies was required.

I. Health and Safety

Vehicles

-DEAP has developed a driver's orientation training program. The program covers topics such as: emergency supplies, fire extinguishers, and transportation logs.

Consumers

-All consumers and/or their families reviewed in this sample were interviewed and all expressed satisfaction with the services they were receiving for DEAP. The consumers or their families were able to tell us whom they would talk to if they had a problem or wanted something to be different.

Medication Safety

Group Home

-The medications are in blister packs and this has almost eliminated medication errors.

-All individuals reviewed have either reached their maximum capacity on self-administration of medication or are on a program teaching a component of self-administration.

-During a review of Medication Logs in the Group Home, it was noted that two Staff were not medication certified from 9-21-07 to 10-10-07. Both staff signed off on consumer medication sheets that they had assisted consumers with medication during this time period. (QAOS # 4)

DEAP's response was: "Director made appointment for med test. In that time period, staff conducted duties as usual and just forgot med certification had expired."

Director will request an updated list of medication certification dates. Notice will be given to staff at least 3 months prior to expiration for ample study time. Director will set test date at least 2 weeks prior of expiration."

-The data keeping on all consumer medications meets the policy requirements.

Supported Living

-During a file review of four Supported Living consumer's all records were found to be in order.

-The Staff working with the Supported Living consumer in Glendive have been medication certified in the last year. This will enhance the quality of his services.

- There is currently only one Staff that is medication certified working with the Supported Living consumers in Miles City. Therefore, it is recommended that the other staff working with the Miles City consumers become medication certified so they can assist with medications.

Service Sites

-A Sky Reach children's Group Home site visit was completed and the home was found to be clean and generally in good repair.

-The main bathroom upstairs in the Sky Reach Group Home is in need of major repair. The toilet leaked so badly that it caused staining in the flooring. The vanity is missing the fronts on some drawers leaving rough edges. The mirror is completely gone and the frame is still there. The walls have been patched but not sanded and painted. The light fixture was not functioning. Many of these repairs were also mentioned in the last review and were scheduled for repair last year. It is recommended that some time lines be set and followed up on this year. The bathroom being in disrepair can cause a unsafe and an unhealthy environment.

(QAOS #9)

DEAP's response was: "Bathroom is old and difficult to upkeep, on going troubles with toilet leaking. Always repaired ASAP, and have had problems finding someone to tackle the job. In process of completing, maintenance man is pricing vanities and light fixtures. Project to be completed within 9 months".

-The window crank in the bedroom with two consumers in Sky Reach Group Home could not be opened; this needs to be repaired or replaced.

-During a Supported Living site visit to a consumer apartment in Miles City, I asked the consumer to test the smoke detector for me and he said "the battery doesn't work" and when he pushed the button it did not work. I asked him to show me his fire extinguisher and he said it was in the top of his coat closet and he went to get it out it took him over 2 minutes to get it because of all of the stuff stored in front of the extinguisher. I took the consumer out for a pop and bought him a battery for his smoke detector and I asked him to not stack things in front of his fire extinguisher. In the event of a fire, if the smoke detectors don't work or if the fire extinguisher is not easily accessible, it could cause serious injuries or death. Safety checks need to be done on a regular basis. (QAOS # 10)

DEAP's response was: "Even though there were duty checklists in place for staff, this was overlooked. This duty will be assigned to a full-time permanent employee, rather than one of the part-time hab. aides."

II. Service Planning and Delivery

Individual Planning (Assessment, Implementation, Monitoring)

-The Sky Reach group home program books were easy to read, to locate data, and the programs were implemented as specified.

Client Rights

-DEAP has historically been a strong champion of the rights of individuals served, and this review revealed nothing to the contrary.

Medical/health Care

-Medical and health care needs were found to be met for individuals served.

Emotionally Responsible Care Giving

-The interactions between staff, consumers and family members that I observed were very positive, educational and caring. The interactions between staff and consumers took place in a wide variety of settings from personal homes, to a day care, community settings, to a Group Home, and in all areas DEAP staff was very professional.

-DEAP Staff are also to be commended for their collective knowledge, skill and abilities as well as the overall quality of services provided to the families enrolled in programs.

-Recreation and Leisure logs were reviewed and had a good variety of activities recorded and they were completed on a daily basis.

Consumer Surveys

-A file review for the five Supported Living clients and two of the Group Home residents show no major concerns and a very high level of satisfaction with the services provided.

III. Staffing

Screening/hiring

Orientation/training

-(QAOS sheet 5), During Staff surveys and file reviews it was discovered that Group Home Staff are not First Aid and CPR certified. The Staff have taken First Aid and CPR in the past but no one is currently certified. It is recommended that all staff obtain certification and that records be maintained to notify staff when they need to get recertified.

DEAP's response was: "Previous training sources are not available. Had to identify other options. Program Director will coordinate with another agency to get courses completed. Contact with agency to set up training will be done by March 6th. The first training will be scheduled within 60 days."

-The orientation check off sheet has been updated to include all of the topics that need to be covered in orientation to meet the standards.

-Group Home Staff meetings are occurring every two months with notes and attendance being recorded. The training issues listed in last year's review were covered over this last year.

-(QAOS # 6) Nine of the Full-time Staff that were signed up to complete the College of Direct Support by March of 2008, have completed it as of the memo from the state on 2-5-08. This took time and effort and it will be very helpful in the long run. A great accomplishment that will enhance the quality of services provided to the consumers.

-As of 2-5-08 of the 5 Part-time Staff signed up to complete the College of Direct Support by March of 2008, only 1 out of 5 have completed it.

Ratios

-During spot checks of the group home throughout the year, I always found the required number of staff on duty.

Staff Surveys

-During the staff surveys, for the questions concerning abuse, neglect and exploitation both of the Staff had part of the answer correct but both did not know where they are required to report suspected abuse, neglect or exploitation. Each Staff

said they would tell the Group Home Manager and did not know where to go from there, then stated they would call the welfare office. The DEAP Policy on Abuse and Neglect was updated this last year to include the phone numbers, offices and names of people to call however, staff may not have been trained with it. It is recommended that Staff have an in-service on the new policy and be reminded of whom to contact to report suspected abuse and neglect and a copy of the new policy with phone numbers be placed by the phones. Without this contact information abuse, neglect, or exploitation may not be reported as required and a delay in services/interventions may be occurring. (QAOS #8)

DEAP's response: "Staff are trained annually on the Abuse/Neglect Procedure, contact numbers are readily available for use. Need more frequent training.

Will review more frequently. Areas to be reviewed will be abuse/neglect procedure, process of who to call and where policy numbers are located. An in-service to cover this policy has been scheduled for March 5, 2008."

IV. Incident Management

Incident Reporting

-Staff training has taken place over the last year on the new Incident Management Policies. Staff is in need of further training on how to write up the description sections to be more observable and measurable. Training on this subject has been scheduled for March of 2008.

B. Community Supports

A minimum of five individuals were reviewed for the QA review, including a personal visit with four of the consumers in different community settings.

Accomplishments

DEAP provides Community Supports and a variety of other services in nine counties in Eastern Montana

Programmatic Deficiencies

-No significant programmatic deficiencies were identified

Corrections to Deficiencies

-No correction to deficiencies was required.

I. Health and Safety

Vehicles

-DEAP has developed a driver's orientation training program. The program covers topics such as: emergency supplies, fire extinguishers, and transportation logs.

Medication Safety

-All individuals reviewed have either reached their maximum capacity on self-administration of medication or are on a program teaching a component of self-administration.

-During a review of medication logs, all staff that have assisted with medication administration are currently certified.

-It is a recommendation that all DEAP Staff who provide respite services for Community Supports consumers become medication certified to assist with any medication issues that could arise while providing respite.

Sites

-Only one home visit was conducted and that was at a parent's home, the rest were in the community.

II. Service Planning and Delivery

Client Rights

-DEAP has historically been a strong champion of the rights of individuals served, and this review revealed nothing to the contrary.

Medical/health Care

-Medical and health care needs were found to be met for individuals served.

Emotionally Responsible Care Giving

-The interactions between staff, consumers and family members that I observed were very positive, educational and caring. The interactions between staff and consumers took place in a wide variety of settings from personal homes, to a day care, community settings, to a Group Home, and in all areas DEAP staff was very professional.

Consumer Surveys

-A file review was completed for the five consumers and showed no major concerns and a high level of satisfaction with the services that they receive.

C. Family Education and Supports Services (IFES)

A file review and site visit was completed on 6 consumers receiving IFES services.

1. Record Maintenance

- DEAP consistently meets the standard in the area of IFES.

2. Eligibility

-DEAP consistently meets the screening and eligibility process for IFES.

3. Service Coordination

-There is evidence throughout the files that DEAP goes to a great deal of work coordinating with other community agencies to meet the child's or family's needs in all areas of service including IFES.

-Commendation, (QAOS sheet 3) At least two case files were reviewed for all DEAP FES Staff and home visits were completed with each staff. A wide variety of consumers and their families over a very large geographic were surveyed. The vast knowledge of the DEAP Staff of the services throughout the communities and coordination of services with other community agencies to meet the child or family's needs is a strong asset to the DEAP organization.

4. IFSP (Individualized Family Services Plan)

-With only one exception in the IFES files, the IFSP in all 6 files were written, signed and implemented for each eligible child/family.

The exception was for FSS #7 and consumer #15: where the front page of the IFSP was completed and second and third page were missing. These pages contain child development information, services list and who provides the services, frequency & intensity of service, location/natural environment of services, method of service delivery, and date of service delivery, date of service initiation, duration of service, and funding sources for each service. This can affect the consistency and quality of services provided. (QAOS #7)

Regular file review by a supervisor or co-worker will be completed.

DEAP's response was: "Even though there are file review procedures in place, this was an error on the part of one FSS who no longer works for DEAP. This file has been assigned to another FSS who has included the required documentation."

5. Family Centered

-Commendations, (QAOS sheet 2); Throughout the last 4 months I have met with a significant number of consumers and their family members. Without exception everyone interviewed had nothing but positive statements to say about the services they receive from DEAP. Several families stated that "if someone from DEAP had not arrived in their life shortly after their child was diagnosed with a disability and helped them understand and locate the services that they needed, they do not know how they would have survived and they would not be where they are today."

-During home visits and IFES file reviews it is consistently evident that the families are the primary decision makers and the families express their satisfaction for all of the services that DEAP provides.

6. Resources and Supports

-Resources and supports are clearly identified in the IFSP's and there were no large gaps in services or delivery dates.

7. Procedural Safeguards

-Documentation of a complaint, appeal procedures and families rights were signed and in all client files, as well as consent forms.

-All of the Family Supports Specialists in the review have a current Primary or Comprehensive certification or are working on it.

-All parents in the interview stated that they had access to their child's records.

8. Timelines

-All IFSP's reviewed were evaluated, revised, or rewritten on an annual basis.

D. Family Education and Support Services (FES)

A file review and site visit was completed on 5 consumers receiving FES services.

1. Record Maintenance

-DEAP consistently meets the standards for the consumers receiving FES services.

2. Eligibility

-DEAP consistently meets the screening and eligibility process in the FES services area.

3. Service Coordination

-There is evidence throughout the files that DEAP goes to a great deal of work coordinating with other community agencies to meet the child's or family's needs in all areas of service including FES.

-Commendation, (QAOS sheet 3) At least two case files were reviewed for all DEAP FES Staff and home visits were completed with each staff. A wide variety of consumers and their families over a very large geographic were surveyed. The vast knowledge of the DEAP Staff of the services throughout the communities and the coordination of services with other community agencies to meet the child or family's needs is a strong asset to the DEAP organization.

4. IFSP

-An IFSP in all 5 FES client files were written, signed and implemented for each eligible child/family.

5. Family Centered

-During home visits and FES file reviews it is consistently evident that the families are the primary decision makers and the families express their satisfaction for all of the services that DEAP provides.

6. Resources and Supports

-Resources and supports are clearly identified in the IFSP's and there were no large gaps in services or delivery dates for the FES consumers.

7. Procedural Safeguards

- Documentation of a complaint, appeal procedures and families rights were signed and in all client files, as well as consent forms.
- All of the Family Supports Specialists in the review have a current Primary or Comprehensive certification or are working on their certification.
- All parents in the interview stated that they had access to their child's records.

8. Timelines

- All IFSP's for consumer's receiving FES services are evaluated, revised, or rewritten on an annual basis.

E. Part C Early Intervention Services

A file review and site visit was completed on 5 Part C children, 2 ineligible children's files were reviewed and 2 files for children who have exited services were reviewed.

1. Record Maintenance

- With the exception of one file, DEAP consistently meets the standard in this area for part C.

2. Eligibility

- DEAP consistently meets the screening and eligibility process and all of the timelines for Part C services.

3. Service Coordination

- There is evidence throughout the Part C files that a great deal of work goes into coordinating with other community agencies to meet the child's or family's needs.
- Commendation, (QAOS sheet 3) At least two case files were reviewed for all DEAP FES Staff and home visits were completed with each staff. A wide variety of consumers and their families over a very large geographic were surveyed. The vast knowledge of the DEAP Staff of the services throughout the communities and the coordination of services with other community agencies to meet the child or family's needs is a strong asset to the DEAP organization.

4. IFSP

- IFSP for client #6 assigned to staff person (3) was not written and in place within 45 days. There was documentation of contact with the family and a plan was not written. A QAOS sheet was not issued because QAOS sheet #4 for the last annual review was issued for this same issue during the same time, with the same staff person (who no longer works for DEAP). This issue occurred with two consumers at the same time a year and a half ago. Since then DEAP has done staff training on the timelines for an IFSP implementation and when an interim IFSP should be used.
- With one exception the IFSP in all 7 files were written, signed and implemented for each eligible child/family.

5. Family Centered

- During home visits and file reviews it is consistently evident that the families are the primary decision makers and the families express their satisfaction for all of the services that DEAP provides Part C services for, (with the exception of the one file mentioned above).

6. Resources and Supports

- Resources and support are clearly identified in the IFSP's and there were no large gaps in services or delivery dates in any Part C file, (with the exception of the one file mentioned above).

7. Procedural Safeguards

- Documentation of a complaint, appeal procedures and families rights were signed and in all client files as well as consent forms.

- All of the Family Supports Specialists in the review have a current Primary or Comprehensive certification or are working on it.
- All parents in the interview stated that they had access to their child's records.

8. Timelines

- IFSP for client #6 assigned to staff person (3) was not written and in place within 45 days. There was documentation of contact with the family and a plan was not written. A QAOS sheet was not issued because a QAOS sheet #4 for the last annual review (2007) was issued for this same issue during the same time, with the same staff person (who no longer works for DEAP). This issue occurred with two consumers at the same time a year and a half ago. Since then DEAP has completed staff training on the timelines for an IFSP implementation and when an interim IFSP should be used.
- All other IFSP's for Part C files were found to have been evaluated, revised or rewritten on a six month basis.

F. Transportation

Programmatic Deficiencies

- DEAP has developed and implemented a driver's orientation training program. The program covers topics such as emergency supplies, fire extinguishers, and transportation logs.

Conclusion

I want to thank the DEAP staff for all of the cooperation that I received during this review process. I think that the Staff of DEAP are the agency's strongest asset and that they continue to build on that asset every day.

DEAP has responded to each QAOS sheet with a plan of action.

DEAP is to be commended for the quick response to the deficiencies noted in the QA review. All findings are considered closed as a result of the response for DEAP.

Findings Closed

All findings identified through Quality Assurance Observation Sheets are closed.

Findings Open/plan of Correction

No findings remain open, and no plans of correction are required.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	1=consistently exceeds standard 2= consistently meets standard; 3=inconsistently meets standard 4=does not meet expectation/standard.																				
2	Family Education & Support pg 1																				
3	Provider Name: DEAP																				
4	Comprehensive Evaluation - 12/17/07 Sample >																				
5	FSS >																				
6	STANDARD FILE NAME >																				
7	RECORD MAINTENANCE (all services)																				
8	1. Complete CF records (Eligibility, IFSP, contact logs, HV records, assessments) for each child in services?																				
9	2. Documented contact with or on behalf of eligible child/family describing the service provided?																				
10	2																				
11	2																				
12	ELIGIBILITY																				
13	1. Screening & eligibility process consistent with Dept policy?																				
14	2. Children not served concurrently in FES, PART C & IFES?																				
15	3. Confirmed DD diagnosis at age 6?																				
16	SERVICE COORDINATION																				
17	1. Evidenced coordination of services for eligible children/families?																				
18	2. Evidenced coordination w/ other community agencies to meet child/family needs?																				
19	IFSP																				
20	1. IFSP/service agreement written, signed & implemented for each eligible child/family?																				
21	2. IFSP's consistently contain:																				
22	demographics for child & family.																				
23	identify the support coordinator?																				
24	include child development information?																				
25	include service list which gives each service provided?																				
26	frequency & intensity of service?																				
27	location/natural environment of services (Part C only)?																				
28	method of service delivery?																				
29	date of service initiation?																				
30	duration of service?																				
31	funding sources for each service?																				
32	3. All items on cost plan directly related to IFSP objective?																				
33	4. Outcomes & objectives modified as child/family needs change?																				
34	5. Documentation of written choice of IFSP meetings?																				
35	FAMILY CENTERED: (file review or visits)																				
36	1. Are the families the primary decision makers:																				
37	to determine family needs & resources?																				
38	to determine their role in child evaluation?																				
39	in identifying members of the IFSP?																				
40	to determine desired outcomes?																				
41	in identifying their role in service coordination?																				
42	to decide how often/when home visits will occur?																				
43	to choose which resources or service options to pursue?																				
44	to evaluate the progress of the IFSP?																				
45	2. Do families assist in choice of ancillary service providers (respite, OT/PT/SP, etc.)																				
46	3. Do families assist in hiring/training hab aides & respite providers for their child?																				
47	Comments:																				
48																					
49																					

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U		
2	Family Education & Support	pg 2																		PC not eligible			
3	Provider Name: DEAP																						
4	Comprehensive Evaluation - 12/8/06	Sample >	IFES-1	IFES-2	IFES-3	IFES-4	IFES-5	FES-1	FES-2	FES-3	FES-4	FES-5	PC 1	PC 2	PC 3	PC 4	PC 5	exit 1	exit 2	1	2	QAOS #	
5		FSS >	8	8	7	9	4	9	6	3	1	2	2	7	9	6	3	10	10				
6	STANDARD	FILE NAME >	23	22	15	19	18	10	12	11	9	13	1	1	5	1	6	1	2				
7	RESOURCES & SUPPORTS																						
8	1. Resources/supports identified in IFSP & provided to eligible child/family?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
9	2. Gaps in planned vs actual services or planned vs actual delivery date?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
10	PROCEDURAL SAFEGUARDS																						
11	1. Proof of liability insurance for transportation providers?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
12	2. Families provided with agency internal complaint and/or appeal procedures?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
13	3. Families informed of specific complaint/appeal process for issues of eligibility, screening and IFSP's???		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
15	4. Evidence of confidentiality in the collection, storage, disclosure & destruction of personally identifying information?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
17	5. Do parents have access to child & family records?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
18	6. Families receive all information on services, (including families rights & safeguards) jargon free and in their native language or typical means of communication?		2	2	2	2	2	2		2	2	2	2	2	2	2	2	2	2				
20	7. Agency policy requires all services are non-discriminatory?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
21	8. Documentation of consent before evaluations are conducted, before services begin, & before information is gathered or released from/to other sources?		2	2	2	2	2	2	2	2		2	2	2	2	2	2	2	2				
23	9. Families are informed that participation is voluntary?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				
24	10. Family Support Specialists carry Primary or Comprehensive certification?		2	2	3	2	2	2	2	3.5	2	2	2	3	2	2	3.5	2	2				
25	11. When a family is exited or voluntarily leaves services, was DPHHS policy followed?		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	2	2	2				
26	TIMELINES																						
27	1. IFSPs are evaluated, revised or rewritten in compliance with state and federal regs?																						
28	(6 mo. review for Part C, annually for FES and IFES)		1	1	3	2	1	1	2	1	1	1	1	1	1	2	2						
29	OTHER CONTRACT PROVISIONS																						
30	1. Does the agency submit a waiting list to the Regional Office each month?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2						
31	2. ICAPs are completed & submitted for each child on the waiting list, & each child served? (initial ICAP for FES & follow along upon entrance to services)		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2						
33	3. The agency maintains staff to individual served ratios according to Appendix I?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2						
34	4. Waiting list families contacted at least every 6 months to determine ongoing need & to provide information & referral resources?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2						
36	5. Notification to Regional Office regarding changes to service on Client Status form?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2						
37	6. DPHHS programs are payer of last resort for IFSP services?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2						
38	7. Contractor meets other Appendix I provisions regarding CFS service requirements?		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2						
39	INFORMATION & REFERRAL FOR INELIGIBLE PERSONS																						
40	1. Is information about other potential services available to families not currently served?																						
42	2. Are children/families who are not eligible, referred to other appropriate agencies?																						
43	NOTATIONS OR OTHER COMMENTS																						
44																							
45																							
46																							
47																							
48																							

	A	B	C	D	E	F	G	
1	1=consistently exceeds standard 2= consistently meets standard; 3=inconsistently meets standard 4=does not meet expectation/standard.							
2	Family Education & Support	pg 3						
3	Provider Name:							
4	Comprehensive Evaluation - 12/8/06	Sample >	Part C 1	Part C 2	Part C 3	Part C 4	Part C 5	QAOS #
5		FSS >	2	7	9	6	3	
6	STANDARD	FILE NAME >	1	1	5	1	6	
7	PUBLIC AWARENESS & CHILD FIND EFFORTS							
8	1. Ongoing child find & public awareness system in place, coordinated w/ other local			1				
9	efforts such as HeadStart, schools, etc....		1		1	1	1	
10	ELIGIBILITY							
11	1. Evaluations & assessments (eligible & ineligible) are individualized & multidimensional?							
12	(multiples methods, domains, disciplines and content areas)		2	2	2	2	2	
13	2. Eligibility established under state definition of Part C (established condition, 50% delay							
14	in one developmental area, or 25% delays in two developmental areas)?		2	2	2	2	2	
15	3. Children are exited when they become three years of age?		2	2	2	2	2	
16	4. Services are immediate for a child who is clearly eligible (eligibility determination does							
17	not create a delay in service initiation).		2	2	2	2	4	
18	TIMELINES							
19	1. Contact is made w/ families within 2 working days of initial referral?		2	2	2	2	2	
20	2. If 2 day timeline is not met, reasons are clearly documented why not?		2	2	2	2	2	
21	3. Evaluations are completed & IFSP is in place w/in 45 days of referral date?		2	2	2	2	4	
22	4. If 45 day timeline is not met, there is documentation as to why not?		2	2	2	2	4	
23	5. Interim IFSPs are in place where the 45 day timeline is not met?		2	2	2	2	4	
24	6. Transitions planning meetings take place at least 90 days before the child's 3rd birthday?		2	2	2	2	4	
25	TRANSITION PLANNING							
26	1. Families are aware from onset that services end when the child turns 3?		2	2	2	2	2	
27	2. Formal or informal interagency agreements are in place to support smooth transition							
28	for children & families to preschool services?		2	2	2	2	2	
29	3. Families are made aware of difference & similarities between Part C/Part B services?		2	2	2	2	2	
30	4. IFSPs consistently include at least one outcome-related objective to detail steps to be							
31	taken to support smooth transition to preschool or other services (child 30 months+).		2	2	2	2	2	
32	PROCEDURAL SAFEGUARDS							
33	1. The agency secures the appointment of surrogate parents for children in need?		2	2	2	2	2	
34	2. IFSP process/form allows families to approve provision of some services without					2		
35	jeopardizing others?		2	2	2		2	
36	NOTATIONS OR OTHER COMMENTS							
37								
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	A	B	C	D	E	F	G
1	1=consistently exceeds standard 2= consistently meets standard; 3=inconsistently meets standard 4=does not meet expectation/standard.						
2	Family Education & Support pg 4						
3	Provider Name:						
4	Comprehensive Evaluation - 12/8/06 Sample >	IFES 1	IFES 2	IFES 3	IFES 4	IFES 5	
5	FSS >	8	8	7	9	4	QAOS #
6	STANDARD FILE NAME >	23	22	15	19	18	
7	ELIGIBILITY						
8	1. Eligibility established under the waiver (established condition of developmental disability, meets intensive level of care for low skill, behavioral or medical needs, documented jeopardy of ICFMR placement in absence of waiver). 2. Evidence that there is no concurrent waiver service (IFES, PD Waiver, Target CM) 3. Parents are informed of feasible alternatives under IFES program, including ICFMRs?						
9		2	2	2	2	2	
10		2	2	2	2	2	
11		2	2	2	2	2	
12							
13	FAMILY CENTERED SERVICES						
14	1. Do foster families meet with the child prior to placement, as well as the natural parents						
15	where appropriate and possible?	NA	NA	NA	NA	NA	
16	2. Do trial visits with prospective foster families occur prior to a placement decision?	NA	NA	NA	NA	NA	
17	IFSP						
18	1. Are habilitative programs carried out according to the IFSP?	2	2	3	2	2	
19	2. Are all services provided under IFES required by the IFSP?						
20	(for children & families to preschool services?)	2	2	2	2	2	
21	3. Have parents been notified at the annual IFSP that services are portable?	2	2	2	2	2	
22	TRANSITION PLANNING						
23	1. Is there evidence that families are made aware that services will end if the IFSP team determines that IFES services are no longer required, or if the IFSP team determines the needs of the child exceed available resources? 2. Is there evidence that steps are taken to support the smooth transition of services to adult services, including adult Case Management, particularly for those persons transitioning out by age 22? (are objectives written & implemented to support transition?)						
24		2	2	2	2	2	
25							
26		NA	NA	NA	NA	NA	
27							
28							
29							
30	PROCEDURAL SAFEGUARDS						
31	1. Are all IFES foster homes licensed in accordance with relevant rules, with copies of licenses available on request? 2. Is documentation available from DDP and the agency Board of Directors for purchases \$4000 or more? 3. Do all adaptive equipment & environmental modifications reviewed meet waiver criteria (not room & board, no general utility for someone without a disability, relate specifically to the disability)? 4. Is more than one person with severe disabilities placed in any foster home? 5. The agency coordinated foster family recruitment & results with HHS Foster Services?	NA	NA	NA	NA	NA	
32							
33		NA	NA	NA	NA	NA	
34							
35		NA	NA	NA	NA	2	
36							
37							
38							
39		2	2	2	2	2	
40	OTHER CONTRACT REQUIREMENTS						
41	1. Documentation of at least one contact per month with or on behalf of each family?	2	2	2	2	2	
42	2. Contacts are for the purpose of providing support coordination, direct services or supervision/consultation to subcontracted personnel?	2	2	2	2	2	
43							
44	3. Are possible or actual moves from natural to foster home (or foster to natural) reported to the Regional Manager as soon as possible?	2	2	2	2	2	
45							
46	4. Is there documentation of agreements with families/subcontracted personnel to provide paid habilitation services?	2	2	2	2	2	
47							

	A	B	C	D	E	F	G
48	pg 4 continued 5. As openings occur, does the contractor notify the Regional Office within 10 days of the opening, & are complete referrals/updates submitted to the Regional Office in 10 days?						
49							
50		2	2	2	2	2	
51	6. Are cost plans for IFES revised at least every 6 months?	2	2	2	2	2	
52	COMMENTS:						
53							
54							
55							
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